

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>43</i>	<i>8/29/02</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>W20</i>	<i>09/24/02</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>825</i>	<i>3/10/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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*829*  
*09/24*  
*XC-571*  
*03/01/02*